


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90065 050 ***138.75

DOCUMENT # L05000022055	
1. Entity Name HERON'S FOREST DEVELOPMENT COMPANY/L&R, L.L.C.	

Principal Place of Business 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501	Mailing Address 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501
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50008218

2. Principal Place of Business - No P.O. Box # 3 West Garden St.	3. Mailing Address P.O. Box 12358
Suite, Apt. #, etc. Suite 394	Suite, Apt. #, etc.



07082008 Chg-LLC CR2E083 (12/06)

City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32502	Country SCAMBOIA
Zip 32591	Country SCAMBOIA

4. FEI Number 20-2468483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, RICHARD R 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3 West Garden St., #394 City PENSACOLA FL Zip Code 32502	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, RICHARD R 84 BAYBRIDGE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTON, GARRETT W 371 WOODBINE RD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIGBY, JENNIFER 178 OVERBOOK DR PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMON, MATT 2775 GRUNDY ST PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 Edgewater Dr. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard R Baker*

7/8/08 **850-434-5330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #